STATE OF ALASKA SUBSCRIBERS' FORM NOMINATING PETITION CANDIDATE FOR STATE SENATOR OR STATE REPRESENTATIVE

NAME:	(Candidate Name)	OFFICE:	(State Senate or House – District) POLITICAL GROUP: (If no group, write "none")		
_	(Candidate Name)		State Senate or House – District)	(If no group,	write "none")
We the	undersigned, pursuant to A	AS 15.25.180, declare that:	we are qualified voters of the senate	e or house district in which th	ne candidate
resides and we request that the candidate's name be placed on the November 20 General election ballot.					
	*PRINTED NAME (Print Clearly)	*SIGNATURE	*ALASKA RESIDENCE ADDRESS (i.e. house no. & street name, mile post & road name and AK City)	*Last 4 SSN, Voter#, DOB, AK Driver's License# or AK State ID #	*DATE SIGNED
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NOTE: Please attach all Subscribers' pages to the "Nominating Petition" form.

Signers' names will be verified as qualified voters by the Division of Elections. *Voters should complete all columns for verification purposes.